STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					3) DATE SURVEY COMPLETED	
		FCL030002	B. WING		08/0	6/2015
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MAGNOL	IA PLACE	270 DUKE Mocksvi	STREET LLE, NC 27	028		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
	Report by Suzanna	Fay				
	DHSR Construction Section conducted a Biennial Survey on August 6, 2015 from 3:20 PM to 5:22 PM at the above referenced facility. DHSR records indicate the home was first licensed on August 6, 1997 as a Family Care Home for six ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency.) Based on this information we are requiring the home to maintain compliance with the following: the 1992 Rules for Family Care Homes T10: 42C, applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1996 (1997 Revision) North Carolina State Building Code - Section 419.2 - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:					
C 152	smooth, non-skid m to be easily cleanab (b) Scatter or throw	amily care home shall be of naterial and so constructed as	C 152			
	This Rule is not me 1. Observations re dining room was cr threshold to the cor technician repair the	et as evidenced by: vealed that the floor tile in the racked and broken at the ridor. Have a qualified e damaged floor. Provide ne repairs through photos or				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

DIVISION	Division of Health Service Regulation					
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
FCL030002		B. WING		08/06/2015		
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
MAGNOLIA PLACE 270 DUKE						
			-			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
C 152	Continued From pa	ge 1	C 152			
	2. Observations revealed that the carpet was worn and separating at the seams in several locations. These locations include:					
	room and dining roo	ed corridor between the living om. running parallel to the front				
	c. The threshold to Bedroom 5. d. In the bath off of Bedroom 4, the carpet is pulling away from the tub edge. Have a qualified technician repair or replace the carpet where damaged. Provide documentation of the repairs through photos or copies of receipts or work orders.					
	bathroom off of Bec carpet around the to qualified technician issues and make th flooring in this bath	vealed that the flooring in the droom 4 was soft and the ub was damp. Have a investigate the moisture re necessary repairs to the room. Provide documentation gh photos or copies of receipts				
C 153	Houskeeping And F	urnishings-Clean, Repaired	C 153			
	FURNISHINGS (a) Each family ca (1) have walls, cei coverings kept clea (2) have no chroni (3) have furniture	15 HOUSEKEEPING AND				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					3) DATE SURVEY COMPLETED	
	FCL030002		B. WING		08/0	6/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MAGNOI	LIA PLACE	270 DUKE		000		
	OLIMANA DV. OTA		LLE, NC 27		ON	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
C 153	Continued From pa	ge 2	C 153			
	the ceiling in the off light fixture and the technician investigation necessary repairs.	et as evidenced by: vealed a large water stain on fice between the overhead air vent. Have a qualified ate for leaks and make the Provide documentation of the otos or copies of receipts or				
	2. Observations revealed a stress fracture at the ceiling between the living room and the corridor to Bedroom 2. The ceiling finish was damaged along the crack. Have a qualified technician repair the ceiling. Provide documentation of the repairs through photos or copies of receipts or work orders.					
	3. Observations revealed that the bathroom off of Bedroom 1 had a strong odor of urine. The Resident occupying this room has a pet cat and the litter box is kept in the bathroom. The bathroom floor is carpet. Interview with Staff revealed that the cat was urinating on the floor. Take measures to eliminate the odor. Provide documentation of the measures taken.					
	spots on the walls of shower in the bathr a qualified technicial walls. Provide docu	vealed several small black opposite and adjacent to the com off of Bedroom 2. Have an treat the finish and paint the umentation of the repairs copies of receipts or work				
	orders. 5. Observations revealed flaking and peeling paint indicating moisture problems on the wall over the shower and along the bulkhead in the bathroom off of Bedroom 4. Have a qualified technician determine the source of the moisture and make the necessary repairs. Provide					

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DIVISION	Division of Health Service Regulation					
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
and Plan	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 01		COMPLETED	
	FCL030002		B. WING		08/0	6/2015
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS CITY S	STATE, ZIP CODE		
		270 DUKE		3.7.1.2, 2.1. 0022		
MAGNOLIA PLACE		LLE, NC 27	028			
(V4) ID	SI IMMA PV STA	TEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTION)NI	(YE)
(X4) ID PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE	(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	PRIATE	DATE
C 153	Continued From pa		C 153			
	documentation of the copies of receipts of	ne repairs through photos or or work orders.				
	6 Observations re	vected a ampli hala in the wall				
		vealed a small hole in the wall f the right wall in the bathroom				
		Have a qualified person patch				
		ocumentation of the repairs				
	.	copies of receipts or work				
	orders.					
		vealed that the wall either side				
		room 5 had moisture damage				
		flaking. Have a qualified e walls either side of the toilet.				
		ition of the repairs through				
		receipts or work orders.				
	8. Observations re	vealed that the walls in				
		inted over wallpaper and the				
		riorating at the seams causing				
		the wall in several locations. rson repair the wall finish in				
		vide documentation of the				
		otos or copies of receipts or				
	work orders.	·				
C 174	'4 Building Equipment Maintained Safe, Operating		C 174			
J !	Danaing Equipment					
	SECTION .0300 - T					
		317 BUILDING SERVICE				
	EQUIPMENT	ad all fire patety, aleatrical				
	mechanical and nli	nd all fire safety, electrical, umbing equipment in a family				
		maintained in a safe and				
	operating condition					
	(j) This Rule shall	apply to new and existing				
	family care homes.					
	This Rule is not me	et as evidenced by:				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	2. 202011011		A. BUILDING: 01		OOWIF LL I ED	
		FOL 000000	B. WING		00/0	0/0045
		FCL030002	B. WING		08/0	6/2015
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MAGNO	IA PLACE	270 DUKE				
		MOCKSVI	LLE, NC 27	028		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFILIENCY)	D BE	(X5) COMPLETE DATE
C 174	Continued From pa	ge 4	C 174			
	 Observations redetectors in Bedrood indicating low batter detectors and insumproperly. Provide detectors and insumproperly. Provide detectors and insumproperly. Provide detectors and insumproperly. Provide detectors and at the latest the kitchen had rush handles and at the refrigerator. Provide repairs through phopurchases. Observations red the toilet in Bathrood 	vealed that the smoke ms 3 and 4 were chirping ries. Install batteries in the e that they are working ocumentation of the repairs eceipts or purchases. vealed that the refrigerator in ted out areas around the bolts. Replace the e documentation of the tos or copies of receipts or vealed that the toilet seat for m 2 was too small for the				
	fixture. Have a qualified person install a toilet seat that fits. Provide documentation of the repairs through photos or copies of receipts, purchases or work orders. 4. Observations revealed that the floor vent in Bathroom 2 was rusty. Have a qualified person replace the floor vent. Provide documentation of the repairs through photos or copies of receipts					
	or work orders. 5. Observations revealed that the cover for the overhead light fixture in the office was falling off. Have a qualified person secure the light cover. Provide documentation of the repairs through photos. 6. In the Bathroom off of Bedroom 4, it was observed that the sink faucet and knobs were corroded and the finish was flaking off. The enamel on the sink was stained. Have a qualified technician repair or replace the sink fixture. Provide documentation of the repairs through photos or copies of receipts or work orders.					

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 01		COMPLETED	
	FCL030002				08/0	6/2015
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
270 DUKE		STREET				
MAGNOLIA PLACE		LLE, NC 27	028			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 174	Continued From pa	ge 5	C 174			
	shower in Bathroom cover to protect the qualified person ins Provide documenta photos or copies of 8. Observations retthe shower surroun back wall of the shoqualified technician documentation of the copies of receipts of 9. Observations revanity cabinet in the was delaminating a	vealed that the finish on the bathroom off of Bedroom 1 and curling up and one of the				
	repair or replace the documentation of the copies of receipts of the copies of the time of the copies of the time of the copies of the time of the copies of	ne repairs through photos or				
	foundation wall. The stained orange and about 1/2" of standing was running but was remove the water. On site cleaning the there was a physical standing water in the basement stairs. Herepair the leak(s). Frepairs through phowork orders.	e walls and floors were the floor of the basement had ng water. The sump pump s not working properly to Maintenance personnel were gutters and determined that al plant leak. There was also e crawl space to the left of the ave a qualified technician Provide documentation of the tos or copies of receipts or				
	11. Observations re	evealed that two of the vinyl				

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ducts for the bathroom exhaust fans had fallen

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					DATE SURVEY COMPLETED	
		FCL030002	B. WING		08/0	6/2015	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
MAGNO	MAGNOLIA PLACE 270 DUKI MOCKSV			028			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
C 174	technician verify the and secure the duct the ducts if damage completed per the documentation of the copies of receipts of the copies of the	to the attic. Have a qualified at the ducts are not damaged ts to the roof vent or replace ed. Replacement is to be current NCSBC. Provide ne repairs through photos or	C 174				
C 103	This Rule is not me 1. At the time of the number of items sto Remove only items	TION is not to be for residents '	C 103				
C 167	Outside Premises-I T10: 42C .2215 OUTSIDE PR		C 167				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	NSTRUCTION (X3) DATE SURVEY COMPLETED		
		FCL030002	B. WING		08/0	6/2015
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
MAGNO	LIA PLACE	270 DUKE Mocksvi	STREET LLE, NC 27	028		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 167	a clean and safe counter rules governing care facilities of the Environment, Health Division of Environment. This Rule is not med 1. Observations revon the ground outsing was coming from the qualified technician and either secure of documentation of the copies of receipts of the copies of the cop	ounds must be maintained in andition, in accordance with the sanitation of residential North Carolina Department of the an Natural Resources; mental Health Services. Let as evidenced by: wealed a rusty conduit laying de the kitchen. The wiring the kitchen wall. Have a verify the use of the wiring remove as required. Provide the repairs through photos or	C 167			

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